

## CRITICAL SHORTAGE REQUEST FORM

For the Purpose of Employing Retirees

### Directions:

1. Each **CONTIGUOUS** district must complete this form.
2. Each **CONTIGUOUS** district must request the same critical shortage discipline(s).
3. Each **CONTIGUOUS** district must provide all the required evidence for each of the critical shortage discipline(s) being identified.
4. The **CONTIGUOUS** districts must submit all the required evidence in one single submission packet to be considered a completed application.

District Name:

District Code:

District Contact:

Contact Phone:

Contact Email:

Superintendent Printed Name:

Superintendent Signature: \_\_\_\_\_

Contiguous Partner District(s) for this Request:

Date of Request:

Discipline(s) to be Added (include grade range, if applicable):

### REQUIRED EVIDENCE OF SHORTAGE:

- Copy of Job Posting(s)
- # of Applications Received: \_\_\_\_\_
- # of Applicants Interviewed: \_\_\_\_\_
- Rationale for Not Hiring Applicants (if applicable):

Completed application can be submitted to [MDE-EducatorHelp@Michigan.gov](mailto:MDE-EducatorHelp@Michigan.gov) or sent via fax at 517-373-0542.

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### FOR INTERNAL USE ONLY:

MDE Reviewer:

Date Approval/Denial Letter Sent:

Date Received:

Date Added to List:

Date Reviewed: